

Case Number:	CM15-0199718		
Date Assigned:	10/14/2015	Date of Injury:	12/18/2013
Decision Date:	11/24/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old male with a date of injury of December 18, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar degenerative disc disease, lumbar radiculopathy, and lumbar facet arthropathy. Medical records dated August 4, 2015 indicate that the injured worker complained of numbness in the bilateral buttocks, bilateral thighs and knees, tightness in the right knee and lower leg, and numbness and tingling in the right lower extremity. A progress note dated September 1, 2015 documented complaints of thoracic spine pain and lumbar spine pain rated at a level of 8 out of 10. Per the treating physician (July 30, 2015), the employee had work restrictions including no lifting and limiting bending, stooping, and pulling. The physical exam dated August 4, 2015 reveals tenderness to palpation of the lumbar paraspinal muscles and positive lumbar facet load testing bilaterally. The physical exam dated September 1, 2015 reveals tenderness to palpation of the lumbar spine and positive lumbar facet loading bilaterally. Treatment has included medications (Norco since at least June of 2015; Gabapentin since at least August of 2015; Tramadol, Voltaren, and Anaprox), and lumbar epidural steroid injection (July 29, 2015). The treating physician did not document recent urine drug screen results in the submitted documentation. The original utilization review (September 10, 2015) non-certified a request for Norco 10-325mg #90 and Gabapentin 300mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2013 with injury to the low back while lifting a pallet. He continues to be treated for pain throughout the spine with lower extremity radiating symptoms. When seen, he was having unbearable thoracic and lumbar pain rated at 8/10. There had been some improvement in pain lasting for a couple of weeks after an epidural injection. Physical examination findings included lumbar paraspinal muscle tenderness and positive facet loading. Norco and gabapentin were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Gabapentin 300mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant sustained a work injury in December 2013 with injury to the low back while lifting a pallet. He continues to be treated for pain throughout the spine with lower extremity radiating symptoms. When seen, he was having unbearable thoracic and lumbar pain rated at 8/10. There had been some improvement in pain lasting for a couple of weeks after an epidural injection. Physical examination findings included lumbar paraspinal muscle tenderness and positive facet loading. Norco and gabapentin were prescribed. The gabapentin dose was 300 mg at night as needed #30. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. Ongoing prescribing at this dose is not medically necessary.